

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000057978

1. Entity Name
HORNERXPRESS-GULF COAST, INC.



Principal Place of Business
5755 POWERLINE RD.
FT. LAUDERDALE, FL 33309

Mailing Address
5755 POWERLINE RD.
FT. LAUDERDALE, FL 33309

FILED
Jan 25, 2007 08:00 AM
Secretary of State



01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 41-2044904	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KENT, WILLIAM A
5755 POWERLINE RD.
FT. LAUDERDALE, FL 33309

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KENT, WILLIAM A
STREET ADDRESS	5755 POWERLINE RD.
CITY-ST-ZIP	FT. LAUDERDALE, FL 33309
TITLE	VT
NAME	CHISLING, GARY
STREET ADDRESS	5755 POWERLINE ROAD
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309
TITLE	S
NAME	BOLENBAUGH, CRAIG
STREET ADDRESS	5755 POWERLINE ROAD
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000603193
01/29/07-80003-021 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Craig Bolenbaugh

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRAIG BOLENBAUGH

Date

1/4/07

Daytime Phone #

954-772-6966